

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Sultan Ahmad Sultan, M.D.

**Physician's and Surgeon's
Certificate No. A 48095**

Respondent

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Case No. 800-2014-010065

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 30, 2019.

IT IS SO ORDERED: August 1, 2019.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 STEVEN D. MUNI
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

Case No. 800-2014-010065

14 **SULTAN AHMAD SULTAN, M.D.**
15 **CARE Medical Clinic Inc.**
16 **6500 Coyle Ave, #4**
Carmichael, CA 95608

OAH No. 2018090609

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate No. A**
18 **48095**

19 Respondent.

20
21 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by Steven D. Muni,
27 Supervising Deputy Attorney General.

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2. Respondent Sultan Ahmad Sultan, M.D. (Respondent) is represented in this proceeding by attorney Heather Hoganson, whose address is: Simas Law Group, North Pointe Business Center, 3835 North Freeway Boulevard, Suite 228, Sacramento, CA 95834.

3. On or about April 2, 1990, the Board issued Physician's and Surgeon's Certificate No. A 48095 to Sultan Ahmad Sultan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-010065, and will expire on April 30, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-010065 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 27, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-010065 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-010065. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

///.

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2014-010065, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that if he ever petitions for early termination or modification of
6 probation, or if an accusation and/or petition to revoke probation is filed against him, before the
7 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-
8 2014-010065 shall be deemed true, correct and fully admitted by Respondent for purposes of that
9 proceeding or any other licensing proceeding involving Respondent in the State of California.

10 11. For the purpose of resolving the Accusation without the expense and uncertainty of
11 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
12 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
13 those charges. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
14 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
15 Disciplinary Order below.

16 **CONTINGENCY**

17 12. This stipulation shall be subject to approval by the Medical Board of California.
18 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
19 Board of California may communicate directly with the Board regarding this stipulation and
20 settlement, without notice to or participation by Respondent or his counsel. By signing the
21 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
22 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
23 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
24 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
25 action between the parties, and the Board shall not be disqualified from further action by having
26 considered this matter.

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1 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
2 completion of each course, the Board or its designee may administer an examination to test
3 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
4 hours of CME of which 40 hours were in satisfaction of this condition.

5 3. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective
6 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
7 advance by the Board or its designee. Respondent shall provide the approved course provider
8 with any information and documents that the approved course provider may deem pertinent.
9 Respondent shall participate in and successfully complete the classroom component of the course
10 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
11 complete any other component of the course within one (1) year of enrollment. The prescribing
12 practices course shall be at Respondent's expense and shall be in addition to the Continuing
13 Medical Education (CME) requirements for renewal of licensure.

14 A prescribing practices course taken after the acts that gave rise to the charges in the
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
16 or its designee, be accepted towards the fulfillment of this condition if the course would have
17 been approved by the Board or its designee had the course been taken after the effective date of
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the course, or not later than
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
23 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
24 advance by the Board or its designee. Respondent shall provide the approved course provider
25 with any information and documents that the approved course provider may deem pertinent.
26 Respondent shall participate in and successfully complete the classroom component of the course
27 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

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1 complete any other component of the course within one (1) year of enrollment. The medical
2 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
3 Medical Education (CME) requirements for renewal of licensure.

4 A medical record keeping course taken after the acts that gave rise to the charges in the
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
6 or its designee, be accepted towards the fulfillment of this condition if the course would have
7 been approved by the Board or its designee had the course been taken after the effective date of
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

12 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
13 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
14 program approved in advance by the Board or its designee. Respondent shall successfully
15 complete the program not later than six (6) months after Respondent's initial enrollment unless
16 the Board or its designee agrees in writing to an extension of that time.

17 The program shall consist of a comprehensive assessment of Respondent's physical and
18 mental health and the six general domains of clinical competence as defined by the Accreditation
19 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
20 Respondent's current or intended area of practice. The program shall take into account data
21 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
22 Accusation(s), and any other information that the Board or its designee deems relevant. The
23 program shall require Respondent's on-site participation for a minimum of three (3) and no more
24 than five (5) days as determined by the program for the assessment and clinical education
25 evaluation. Respondent shall pay all expenses associated with the clinical competence
26 assessment program.

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1 At the end of the evaluation, the program will submit a report to the Board or its designee
2 which unequivocally states whether the Respondent has demonstrated the ability to practice
3 safely and independently. Based on Respondent's performance on the clinical competence
4 assessment, the program will advise the Board or its designee of its recommendation(s) for the
5 scope and length of any additional educational or clinical training, evaluation or treatment for any
6 medical condition or psychological condition, or anything else affecting Respondent's practice of
7 medicine. Respondent shall comply with the program's recommendations.

8 Determination as to whether Respondent successfully completed the clinical competence
9 assessment program is solely within the program's jurisdiction.

10 A clinical competence assessment program taken after the acts that gave rise to the charges
11 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
12 Board or its designee, be accepted towards the fulfillment of this condition if the course would
13 have been approved by the Board or its designee had the course been taken after the effective date
14 of this Decision. If Respondent fails to enroll, participate in, or successfully complete the clinical
15 competence assessment program within the designated time period, Respondent shall receive a
16 notification from the Board or its designee to cease the practice of medicine within three (3)
17 calendar days after being so notified. The Respondent shall not resume the practice of medicine
18 until enrollment or participation in the outstanding portions of the clinical competence assessment
19 program have been completed. If the Respondent did not successfully complete the clinical
20 competence assessment program, the Respondent shall not resume the practice of medicine until a
21 final decision has been rendered on the accusation and/or a petition to revoke probation. The
22 cessation of practice shall not apply to the reduction of the probationary time period.

23 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
25 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
26 licenses are valid and in good standing, and who are preferably American Board of Medical
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
28 relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

4 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
5 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
6 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
7 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
8 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
9 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
10 signed statement for approval by the Board or its designee.

11 Within 60 calendar days of the effective date of this Decision, and continuing throughout
12 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
13 make all records available for immediate inspection and copying on the premises by the monitor
14 at all times during business hours and shall retain the records for the entire term of probation.

15 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
16 date of this Decision, Respondent shall receive a notification from the Board or its designee to
17 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
18 shall cease the practice of medicine until a monitor is approved to provide monitoring
19 responsibility.

20 The monitor(s) shall submit a quarterly written report to the Board or its designee which
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
22 are within the standards of practice of medicine and whether Respondent is practicing medicine
23 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
24 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
25 preceding quarter.

26 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
27 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
28 name and qualifications of a replacement monitor who will be assuming that responsibility within

1 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
2 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
3 notification from the Board or its designee to cease the practice of medicine within three (3)
4 calendar days after being so notified. Respondent shall cease the practice of medicine until a
5 replacement monitor is approved and assumes monitoring responsibility.

6 In lieu of a monitor, Respondent may participate in a professional enhancement program
7 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
8 review, semi-annual practice assessment, and semi-annual review of professional growth and
9 education. Respondent shall participate in the professional enhancement program at Respondent's
10 expense during the term of probation.

11 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
12 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
13 Chief Executive Officer at every hospital where privileges or membership are extended to
14 Respondent, at any other facility where Respondent engages in the practice of medicine,
15 including all physician and locum tenens registries or other similar agencies, and to the Chief
16 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
17 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
18 calendar days.

19 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

20 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
21 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
22 advanced practice nurses.

23 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
24 governing the practice of medicine in California and remain in full compliance with any court
25 ordered criminal probation, payments, and other orders.

26 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
27 under penalty of perjury on forms provided by the Board, stating whether there has been
28 compliance with all the conditions of probation.

1 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
2 of the preceding quarter.

3 11. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

5 Respondent shall comply with the Board's probation unit.

6 Address Changes

7 Respondent shall, at all times, keep the Board informed of Respondent's business and
8 residence addresses, email address (if available), and telephone number. Changes of such
9 addresses shall be immediately communicated in writing to the Board or its designee. Under no
10 circumstances shall a post office box serve as an address of record, except as allowed by Business
11 and Professions Code section 2021(b).

12 Place of Practice

13 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
14 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
15 facility.

16 License Renewal

17 Respondent shall maintain a current and renewed California physician's and surgeon's
18 license.

19 Travel or Residence Outside California

20 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
21 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
22 (30) calendar days.

23 In the event Respondent should leave the State of California to reside or to practice
24 ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
25 departure and return.

26 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
27 available in person upon request for interviews either at Respondent's place of business or at the
28 probation unit office, with or without prior notice throughout the term of probation.

1 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

15 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
16 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
17 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
18 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
19 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

20 Respondent's period of non-practice while on probation shall not exceed two (2) years.

21 Periods of non-practice will not apply to the reduction of the probationary term.

22 Periods of non-practice for a Respondent residing outside of California will relieve
23 Respondent of the responsibility to comply with the probationary terms and conditions with the
24 exception of this condition and the following terms and conditions of probation: Obey All Laws;
25 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
26 Controlled Substances; and Biological Fluid Testing.

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1 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall
4 be fully restored.

5 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
6 of probation is a violation of probation. If Respondent violates probation in any respect, the
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
9 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
11 the matter is final.

12 16. LICENSE SURRENDER. Following the effective date of this Decision, if
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
14 the terms and conditions of probation, Respondent may request to surrender his or her license.
15 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
16 determining whether or not to grant the request, or to take any other action deemed appropriate
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
18 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
19 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
20 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
21 application shall be treated as a petition for reinstatement of a revoked certificate.

22 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
23 with probation monitoring each and every year of probation, as designated by the Board, which
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
25 California and delivered to the Board or its designee no later than January 31 of each calendar
26 year.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Heather Hoganson. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 06/20/2019

S. A. Sultan

9 SULTAN AHMAD SULTAN, M.D.
Respondent

10 I have read and fully discussed with Respondent Sultan Ahmad Sultan, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13
14 DATED: 6/20/19

Heather Hoganson

15 HEATHER HOGANSON
Attorney for Respondent

16
17 ENDORSEMENT

18 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
19 submitted for consideration by the Medical Board of California.

20 DATED: June 20, 2019

Respectfully submitted,

21 XAVIER BECERRA
Attorney General of California
22 STEVEN D. MUNI
Supervising Deputy Attorney General

23
24 Steven D. Muni

25 STEVEN D. MUNI
Supervising Deputy Attorney General
26 Attorneys for Complainant

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28 SA2018301645 / 13846622.docx

Exhibit A

Accusation No. 800-2014-010065

1 XAVIER BECERRA
2 Attorney General of California
3 GLORIA CASTRO
4 Senior Assistant Attorney General
5 STEVEN D. MUNI
6 Supervising Deputy Attorney General
7 State Bar No. 73567
California Department of Justice
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *May 27 20 18*
BY *[Signature]* ANALYST

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10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 800-2014-010065

13 SULTAN AHMAD SULTAN, M.D.
14 CARE Medical Clinic Inc.
15 6500 Coyle Ave, #4
Carmichael, CA 95608

ACCUSATION

16 Physician's and Surgeon's Certificate
No. A 48095,

17 Respondent.

18
19 Complainant alleges:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about April 2, 1990, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 48095 to Sultan Ahmad Sultan, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on April 30, 2020, unless renewed.

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3. This Accusation is brought before the Board, under the authority of the following

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical
ity Hearing Panel as designated in Section 11371 of the Government Code, or whose default
een entered, and who is found guilty, or who has entered into a stipulation for disciplinary
n with the board, may, in accordance with the provisions of this chapter:

“(2) Have his or her right to practice suspended for a period not to exceed one year upon of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical w or advisory conferences, professional competency examinations, continuing education titles, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by ing law, is deemed public, and shall be made available to the public by the board pursuant to on 803.1.”

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

11

1 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 “(b) Gross negligence.

4 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
8 that negligent diagnosis of the patient shall constitute a single negligent act.

9 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 “(d) Incompetence.

15 “(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 “(f) Any action or conduct which would have warranted the denial of a certificate.

18 “(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of the
21 proposed registration program described in Section 2052.5.

22 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview by the board. This subdivision shall only apply to a certificate holder
24 who is the subject of an investigation by the board.”

25 6. Section 2266 of the Code states:

26 “The failure of a physician and surgeon to maintain adequate and accurate records relating
27 to the provision of services to their patients constitutes unprofessional conduct.”

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 7. Respondent is subject to disciplinary action under section 2234, subdivision (b) in
4 that he engaged in act(s) amounting to gross negligence in his care and treatment of Patients 1, 2,
5 3, 4, and 5.¹ The circumstances are as follows:

6 8. At all times relevant to the charges brought herein, the standard of care required that a
7 history and physical examination be performed prior to prescribing controlled substances for pain,
8 including an assessment of the pain, physical and psychological function, substance abuse history,
9 history of prior treatment, assessment of underlying or coexisting diseases or conditions, and
10 documentation of the presence of a recognized medical indication for the use of a controlled
11 substance.

12 9. At all times relevant to the charges brought herein, the standard of care required a
13 treatment plan and objectives by which the treatment plan can be evaluated, such as pain relief
14 and/or improved physical and psychological function, and the plan should indicate if any further
15 diagnostic evaluations or other treatments are planned.

16 10. At all times relevant to the charges brought herein, the standard of care required that
17 the physician and surgeon should discuss the risks and benefits of the use of controlled substances
18 and other treatment modalities with the patient, caregiver, or guardian.

19 11. At all times relevant to the charges brought herein, the standard of care required that
20 the physician and surgeon periodically review the course of pain treatment and any new
21 information about the etiology of the pain or the patient's state of health. Continuation or
22 modification of the treatment depends on the physician's evaluation of progress toward treatment
23 objectives. If the patient's progress is unsatisfactory, the physician should assess the
24 appropriateness of continued use of the current treatment plan and should consider other
25 therapeutic modalities.

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27 ¹ To protect their identities, the patients involved are identified as Patient 1, Patient 2,
28 Patient 3, Patient 4 and Patient 5.

1 12. At all times relevant to the charges brought herein, the standard of care required that
2 the patient be referred as necessary for additional evaluation and treatment to achieve treatment
3 objectives. Complex pain problems may require consultation with a pain medicine specialist.
4 Physicians should give special attention to those pain patients who are at risk of misusing their
5 medications including those whose living arrangements pose a risk for medication misuse or
6 diversion.

7 13. At all times relevant to the charges brought herein, the standard of care required that
8 the physician and surgeon keep accurate and complete records documenting the history and
9 physical examination, other evaluations and consultations, the treatment plan, objectives,
10 informed consent, treatments and medications, the rationale for changes in the treatment plan or
11 medications, agreements with the patient, and periodic reviews of the treatment plan.

12 Circumstances Related to Patient 1.

13 14. Between February 2011 and April 2013, Respondent treated Patient 1 for back and
14 sacroiliac pain.² Throughout this period, Respondent prescribed Norco, a preparation of the opiate
15 hydrocodone and acetaminophen, to Patient 1 on a monthly basis.³ In March 2012, Respondent's
16 chart included a note from another medical professional which indicated that Patient 1 had a
17 history of methamphetamine abuse. On or about March 28, 2012, Patient 1 presented to
18 Respondent with a complaint of right shoulder pain. Respondent noted reduced right shoulder
19 range of motion, and ordered an x-ray of the shoulder. Patient 1 never completed the x-ray, and
20 Respondent failed to follow up, but continued to prescribe Norco to Patient 1. On or about June
21 6, 2012, Respondent noted that no further Norco prescriptions would be issued until previously
22 ordered labs and x-rays were conducted; however, Respondent continued to prescribe Norco to
23 Patient 1 notwithstanding this note. On or about October 24, 2012, Respondent's chart included a

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25 ² Conduct occurring prior to September 14, 2011, is for informational purposes only, and
is not alleged as a basis for disciplinary action.

26 ³ Norco (hydrocodone 10 mg / acetaminophen 325 mg) is a Schedule III controlled substance
27 from the opiates class pursuant to Health and Safety Code section 11056, subdivision (e), and Title 21 of the
Code of Federal Regulations, section 1308.13, subdivision (e)(1)(iv), and is a dangerous drug pursuant to
28 Business and Professions Code section 4022.

1 letter from Child Protective Services indicated that Patient 1 was in drug treatment and should not
2 be taking opiates. Patient 1 presented to Respondent on or about November 7, 2012, and
3 Respondent noted that he would discontinue Patient 1's Norco prescription. However,
4 Respondent continued to prescribe Norco to Patient 1 notwithstanding this note. In an
5 investigative interview, Respondent stated that he referred the patient to a pain management
6 specialist on or about February 5, 2013. There is no legible indication of this in Respondent's
7 records. There is no indication that the patient followed through on this referral, but Respondent
8 nevertheless continued to prescribe Norco to Patient 1. Respondent ultimately discharged Patient
9 1 from his care in or about April 2013.

10 15. In his physical examination notes, Respondent failed to document details of physical
11 function. Respondent failed to document consideration of the patient's substance abuse history in
12 formulating his treatment plan. Respondent failed to document the patient's prior pain treatment
13 history. Respondent failed to establish a recognized medical indication for the prescription of
14 controlled substances through imaging or other diagnostic studies. These failures collectively and
15 individually violate the standard of care and represent gross negligence.

16 16. Respondent failed to document any objectives by which his treatment of Patient 1
17 could be evaluated. Respondent failed to document any rationale for the quantity of Norco he
18 prescribed to Patient 1. Respondent failed to document any consideration of non-opiate treatment
19 of Patient 1's pain. These failures collectively and individually violate the standard of care and
20 represent gross negligence.

21 17. Respondent failed to perform any systematic or structured review of the course of
22 Patient 1's pain treatment. Patient 1 was seen regularly for follow-up visits, but the only criteria
23 governing the quantity of Norco prescribed was patient demand. Respondent failed to document
24 any evaluation of function or quality of life, or pain severity levels. Respondent twice failed to
25 follow through on his own stated intention to cease prescribing Norco to Patient 1. These failures
26 to perform periodic review and assessment of Patient 1's treatment collectively and individually
27 violate the standard of care and represent gross negligence.

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1 18. Respondent continued to prescribe controlled substances to Patient 1 notwithstanding
2 the patient's noncompliance with Respondent's referral to a pain management specialist. Doing.
3 so violates the standard of care and represents gross negligence.

4 19. Respondent failed to keep adequate legible medical records documenting his
5 treatment of Patient 1. This violates the standards of care and represents gross negligence.

6 Circumstances Related to Patient 2.

7 20. Between February 2007 and May 2012, Respondent treated Patient 2 for back pain.
8 Throughout this period, Respondent prescribed hydrocodone⁴ on a regular basis to Patient 2.
9 Respondent's chart includes a March 2007 spine x-ray, which the radiologist interpreted as
10 normal. Respondent's chart does not include any other radiological or other diagnostic study of
11 Patient 2. Respondent's own periodic physical examination of Patient 2 mentions only
12 "tenderness at L5/S1." On or about October 31, 2011, Respondent noted that no further refills of
13 controlled substances were to be authorized until Patient 2 completed lab studies that Respondent
14 had previously ordered. These lab studies were not completed until January 2012, but
15 Respondent authorized refills of Norco for Patient 2 on six separate occasions in November and
16 December 2011. Beginning in June, 2011, Respondent also prescribed the muscle relaxant Soma
17 (carisoprodol) to Patient 2.⁵ Respondent prescribed both hydrocodone and Soma to Patient 2 on a
18 continuous basis until the patient transitioned to a different provider in May 2012.

19 21. Respondent failed to document Patient 2's physical and psychological functioning.
20 Respondent's chart included records of an Emergency Department visit on July 22, 2007, in
21 which the emergency physician indicated a high suspicion of drug-seeking behavior. Respondent
22 failed to document any consideration of this suspicion. Respondent failed to document any
23 consideration of the patient's past treatment for pain. Respondent failed to establish a recognized

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25 ⁴ Hydrocodone/APAP is a Schedule II controlled substance pursuant to Health and Safety Code
26 section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section
4022.

27 ⁵ Carisoprodol is a muscle relaxant with a known potentiating effect on narcotics. In December,
28 2011, the Federal Drug Administration listed carisoprodol as a Schedule IV controlled substance. (76
Fed.Reg. 77330 (Dec. 12, 2011).)

1 medical indication for the prescription of controlled substances through imaging or other
2 diagnostic studies. A patient with chronic low back pain requiring long-term opiate therapy and
3 muscle relaxants should have advanced imaging studies done to evaluate for structural spine
4 pathology. Respondent failed to obtain any imaging studies of Patient 2's spine, beyond a 2007
5 x-ray that was read as normal. These failures collectively and individually represent gross
6 negligence.

7 22. Respondent failed to document any objectives by which his treatment of Patient 2
8 could be evaluated. Respondent failed to document any rationale for the quantity of hydrocodone
9 he prescribed to Patient 2. Respondent failed to document any consideration of non-opiate
10 treatment of Patient 2's pain. Respondent failed to document a rationale for the combination of
11 hydrocodone with Soma, both of which were authorized by Respondent for unusually frequent
12 refills, far in excess of what would be usual for chronic pain management. Soma potentiates the
13 euphoric effect of opiates, heightening the potential for abuse. These failures collectively and
14 individually represent gross negligence.

15 23. Respondent failed to perform any systematic or structured review of the course of
16 Patient 2's pain treatment. Patient 2 was seen regularly for follow-up visits, but Respondent
17 failed to state any reason for the patient's frequent refills of controlled substances. Respondent
18 failed to document any evaluation of function or quality of life, or pain severity levels.
19 Respondent failed to follow through on his own note of October 31, 2011, in which he stated his
20 intention to discontinue prescribing controlled substances to this patient until the patient
21 completed previously ordered lab studies. Respondent failed to document a rationale for
22 prescribing Soma to this patient, or a rationale for the excessive quantity of Soma he prescribed.
23 These failures to perform periodic review and assessment of Patient 2's treatment collectively and
24 individually represent gross negligence.

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1 24. Respondent failed to refer Patient 2 to either a Pain Management, Spine Surgery, or
2 Physical Medicine specialist. Respondent failed to coordinate care with other medical providers
3 treating Patient 2. These failures collectively and individually represent gross negligence.

4 25. Respondent failed to keep adequate legible medical records documenting his
5 treatment of Patient 2. This represents gross negligence.

6 Circumstances Related to Patient 3.

7 26. Between March 2011 and September 2012, Respondent treated Patient 3 for
8 symptoms of diffuse axial pain, headaches, and pain in various joints. On or about July 26, 2011,
9 the patient reported having lost her Norco. Respondent replaced her prescription, and began also
10 prescribing Fiorinal, a preparation of aspirin, caffeine, and the barbiturate butalbital.⁶ Over the
11 following year, the patient received multiple early refills of Soma and Norco from both
12 Respondent and another medical provider. The patient was ultimately discharged from
13 Respondent's practice in September 2012 based on suspected abuse of controlled substances.

14 27. Respondent failed to document any objectives by which his treatment of Patient 3
15 could be evaluated. Respondent failed to document any rationale for escalating the patient's
16 dosage of Norco and Soma, or for the combination of Norco and Soma. Respondent failed to
17 consider non-opiate pharmacological pain management therapies. These failures collectively and
18 individually represent gross negligence.

19 28. Respondent failed to document any discussion of the risks and benefits of chronic
20 opiate therapy with Patient 3, or any discussion of the additional risk posed by the combination of
21 Soma and hydrocodone. These failures to obtain informed consent from Patient 3, collectively
22 and individually, represent gross negligence.

23 29. Respondent failed to perform any systematic or structured review of the course of
24 Patient 3's pain treatment. Patient 3 was seen regularly for follow-up visits, but Respondent
25 failed to state any reason for the patient's frequent refills of controlled substances. Respondent

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27 ⁶ Fiorinal is a trade name of a combination of the barbiturate butalbital with aspirin and
28 caffeine and is a controlled by the Federal Drug Enforcement Administration and is classified
under Schedule III.

1 failed to document any evaluation of function or quality of life, or pain severity levels.

2 Respondent failed to document a rationale for prescribing Soma to this patient, particularly in
3 light of the risk of abuse inherent in prescribing Soma with opiates. These failures to perform
4 periodic review and assessment of Patient 3's treatment collectively and individually represent
5 gross negligence.

6 30. Respondent failed to make any referral to a Pain Management, Physical Medicine, or
7 other musculoskeletal specialist for Patient 3. Respondent failed to coordinate care with the other
8 medical providers who prescribed to Patient 3. These failures collectively and individually
9 represent gross negligence.

10 31. Respondent failed to keep adequate legible medical records documenting his
11 treatment of Patient 3. This represents gross negligence.

12 Circumstances Related to Patient 4.

13 32. Between August 2007 and June 2014, Respondent treated Patient 4 for fibromyalgia,
14 lumbago, and headaches. From the initial date of treatment, the patient reported a history of
15 opium addiction. Respondent prescribed methadone to Patient 4 on a continuous basis until the
16 patient was ultimately dismissed from Respondent's practice in 2014.⁷

17 33. Respondent documented a history and several physical examinations of Patient 4's
18 back and joints, but Respondent's documentation of his physical examination was incomplete and
19 illegible. Respondent documented few details of physical function, and no mention of
20 psychological function. Respondent failed to document any pain severity measurement.
21 Respondent failed to document any imaging studies to support a medical indication for opioid
22 therapy. A diagnosis of fibromyalgia is not a valid medical indication for high dose opioid
23 therapy. Respondent failed to adequately monitor Patient 4's dosing and refills in light of the
24

25 ⁷ Methadone is a Schedule II controlled substance from the opiates class pursuant to and Health
26 and Safety Code section 11055, subdivision (c), and Title 21 of the Code of Federal Regulations, section
27 1308.12, subdivision (c)(15), and is a dangerous drug pursuant to Business and Professions Code section
28 4022.

1 patient's history of opium addiction. These failures collectively and individually represent gross
2 negligence.

3 34. Respondent failed to document any objectives by which his treatment of Patient 4
4 could be evaluated. Respondent failed to document whether the methadone he prescribed was
5 primarily for addiction treatment or pain management. Respondent failed to document any
6 consideration of non-opioid treatment of Patient 4's pain, such as physical therapy, massage, or
7 non-opioid pharmacologic pain management therapies. These failures collectively and
8 individually represent gross negligence.

9 35. Respondent failed to perform any systematic or structured review of the course of
10 Patient 4's pain treatment. Patient 4 was seen frequently for follow-up, but Respondent failed to
11 document any reason for the frequent refills of methadone. These failures collectively and
12 individually represent gross negligence.

13 36. Respondent failed to keep adequate legible medical records documenting his
14 treatment of Patient 4. This represents gross negligence.

15 Circumstances Related to Patient 5.

16 37. Between August 2007 and August 2014, Respondent treated Patient 5 for
17 fibromyalgia, lumbago, and abdominal pain. The patient reported from his initial visit a history of
18 opioid addiction. Respondent prescribed methadone to Patient 5 on a continuous basis until the
19 patient was ultimately dismissed from Respondent's practice in 2014.

20 38. Over the course of Respondent's treatment and care of Patient 5, the patient reported
21 various musculoskeletal pain symptoms. Respondent's physical examinations of Patient 5
22 document limited musculoskeletal examination. Respondent documented few details of physical
23 function. Respondent failed to document whether the patient's reported psychological issues,
24 including post-traumatic stress disorder and anxiety, were improving with pain therapy.
25 Respondent failed to document any pain severity measurement. Respondent failed to document
26 any imaging studies to support an indication for opioid therapy. Imaging studies would be
27 required to establish the presence of a musculoskeletal pathology sufficient to support an
28

1 indication for opioid pain therapy. These failures collectively and individually represent gross
2 negligence.

3 39. Respondent failed to document any objectives by which his treatment of Patient 5
4 could be evaluated. Respondent failed to document whether the methadone he prescribed was
5 primarily for addiction treatment or pain management. Respondent failed to document any
6 consideration of non-opioid treatment of Patient 5's pain, such as physical therapy, massage, or
7 non-opioid pharmacologic pain management therapies (other than Tylenol.) These failures
8 collectively and individually represent gross negligence.

9 40. Respondent failed to perform any systematic or structured review of the course of
10 Patient 5's pain treatment. Patient 5 was seen frequently for follow-up, but Respondent failed to
11 document any reason for the frequent refills of methadone, other than treatment of withdrawal
12 symptoms. These failures collectively and individually represent gross negligence.

13 41. Respondent failed to keep adequate legible medical records documenting his
14 treatment of Patient 5. This represents gross negligence.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Repeated Negligent Acts)**

17 42. Respondent is subject to disciplinary action under section 2234, subdivision (c), in
18 that he engaged in repeated acts amounting to negligence. The circumstances are set forth in
19 paragraphs 8 through 42, which are incorporated here by reference as if fully set forth. Additional
20 circumstances are as follows:

21 43. Respondent failed to document details of physical and psychological functioning, and
22 objective pain severity measurements in his care of Patient 3. These failures collectively and
23 individually constitute negligence.

24 44. Respondent made a good faith effort to refer Patient 4 to a pain management
25 specialist and to a methadone clinic. However, when the patient failed to follow through,
26 Respondent continued to prescribe methadone for eight months, until the patient was finally
27 discharged in June 2014. Respondent's delay in discharging this noncompliant patient constitutes
28 negligence.

1 45. Respondent made a good faith effort to refer Patient 5 to a methadone clinic in 2011,
2 2013, and 2014. However, when the patient failed to follow through, Respondent continued to
3 prescribe methadone, until the patient transferred to another medical provider for treatment in
4 August 2014. Respondent's delay in discharging this noncompliant patient constitutes
5 negligence.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Recordkeeping)**

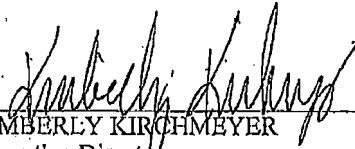
8 46. Respondent is subject to disciplinary action under section 2266 in that he failed to
9 adequately document his medical care. The circumstances are set forth in paragraphs 8 through
10 46, which are incorporated here by reference as if fully set forth.

11 **PRAYER**

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Medical Board of California issue a decision:

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 48095,
15 issued to Sultan Ahmad Sultan, M.D.;
- 16 2. Revoking, suspending or denying approval of Sultan Ahmad Sultan, M.D.'s authority
17 to supervise physician assistants and advanced practice nurses;
- 18 3. Ordering Sultan Ahmad Sultan, M.D., if placed on probation, to pay the Board the
19 costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: August 27, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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